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## **HEALTH PROMOTION OF THE ELDERLY IN BAN KRUAAT DISTRICT BURIRAM PROVINCE**

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### **Abstract**

*There is concern that the ageing of the population in Thailand will put unsustainable pressure on public spending, with particular concerns about rising health costs and the ability of the health system to serve the increasing numbers of older people needing care. Undoubtedly, ageing will present challenges to the health-care system given the larger number of older people, the fact that many health conditions and, associated disability become more common with age, and that older people are higher users of health services. This study analyses the key areas of challenge for the health system as it adapts to an ageing population. It then sets out ways Thailand's health system needs to adjust to meet the issue of an ageing population. Specifically, the purpose of the study was to study health promotion for the elderly in Ban Kruat District Buriram Province, Thailand. The study area is in Ban Lahansai, Tambon Hin Lad, Amphur Ban Kruad, Buriram Province. The methodology used in this study is qualitative research. The sample group is specifically selected, which consists of five elderly people aged more than 6 years old and 5 community leaders that reside in Ban Lahan Sai, Tambon Hin Lad, Amphur Ban Kruad, Buriram Province. The study uses Qualitative Methodology of Ethnographic, In-depth interview technique, note taking from focus group discussion and content analysis. This case study found*

*that the current policies and practices of health promotion for the elderly in Thailand is not suitable for the elderly age group.*

## **Keywords**

Elderly, Health promotion

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## **1. Introduction**

The changes within Thai society in the present have led to significant effects on the quality of life and livelihood of the general populace. When individuals reach an elderly age, which often is accompanied by health and mind degradation, they risk health related problems, especially chronic diseases which have including increased ailments such as those who suffer from diabetes, hypertension, hyperlipidemia, palsy/disability, chronic obstructive pulmonary disease and chronic kidney disease (Thai Health Report. 2009 : 4). The consequences of chronic diseases that are frequently found are disability in the elderly that need care such as in case of stroke. The mental problems that are frequently shown are a lack of adaption, loneliness, and a sense of depression. Connection to family also is shown to be less important. The elderly that are single, who live alone or neglected have increased significantly in Thailand. The traditional respect towards the elderly has reduced which has caused a gulf between the generations of grandparents and grandchildren. Being an elder requires quality based community support. As an increasingly global and urban society we have to further develop, strengthen and promote policies and practices for the health of our elderly. As well as these changing social and cultural factors, there are also financial problems, daily expenses, medical expenses and medical treatment in which the elderly will need assistance. The elderly also need help from the community in organizing program activities which include meetings and recreation. (Manu Watisunthorn. 2545 : 27)

Medical and health care of the Thai people from the past to the present mostly relied on using old beliefs and superstition that have been passed down by ancestors in both ideas about health promotion and the treatment of elderly related illnesses. Often a common approach was to use natural remedies and treatments for example herbs from the forest. Traditional folk doctors, local folk wisdom and tribal health care in the past were usually based upon the Buddhist teachings of virtue and deeds relates to our health from birth to death (Autchara Panuwat , 2557) There is an example of the teachings that “It is not only us alone that have our own deeds, we

are descendant of our deeds, deeds determine us, deeds are our lineage, deeds are our reliance. Whatever deeds we do, good or bad, we will receive the effects of it. All living creatures that come and go, all have their own deeds, they are descendants of deeds, deeds define them, good or bad, they will receive the effects of them. This means that whoever in whatever culture and tribe that have good health, comes from taking good care of their health by themselves, in the aspects of bodily health and mind. They also need a good culture and tribe that is healthy and strong, live in a good environment. These Buddhist beliefs are practiced widely in Austro-Asiatic Tribes. (Atchara Phanurat. 2557 January : 12) Chronic diseases are actually related to our way of life based on the social, cultural and economic conditions in our communities. The changes associated with aging factors limit everyday activities. There are still some groups of elderly people who can still handle everyday activities and can still maintain their health after aging over 65 years old. But when illness suddenly strikes, the ability to perform duties declines.

Even after recovering from illness the ability to carry on with daily life activities often will not quickly return. Health promotion and health protection are very important and necessary for the elderly to ensure to the maintenance of the desired health needed in order for them to take care of them. Health promotion for the elderly is a process to increase the ability to manage and increase one's state of health. In order to achieve good health, mind and community, the elderly need to be able to realize and ponder their desires, hopes and their needs and to be able to change or properly adapt to the environment. (World Health Organization. 1998: 156). The elderly should be our main medical priority over other age groups due to their higher chances of illness and the demographics that indicate that the elderly are an increasing proportion of Thai population. The goal needs to focus on the promotion and development of their highest ability to effectively and independently manage a wide range of daily activities. This will help reduce illness and diseases, stimulate a healthy mind, good mood, reduce medical costs and reduce the level of dependence on others affecting the elderly to have a better life.

From economic growth and public health evolution along with population demographic changes we see the increase in elderly. Combined with a decrease in population fertility or birth rates, the Thai population is steadily decreasing. The increasing rate of the elderly group is more than 3% per year. This shows that the Thai society, as in many other societies, is moving towards an elderly society. The number/rate of the late elderly (aged 80 years old and higher) has also greatly increased. There have been changes in the elderly age structure, during the past 20–30

years in Thailand as the proportion of children aged below 15 years old have decreased while the proportion of the working age group of 15–29 years increased. Carefully observing the growth rate of the elderly population has increased faster than all other age groups. From year 1980 to 2020 the elderly population has increased 300% (Foundation of Thai Gerontology Research and Development Institute. 2011 : 18-20) clearly reflecting that Thai society is rapidly moving into a demographic situation that will require urgent changes in policies and practices towards the elderly. Whereas once the elderly could look after themselves and /or call on their extended family for support the need to rely on others will increase to take care of this aged cohort and conducting appropriate health promotion. The Health Service to create health insurance for the Thai people. Every person will be able to have access to standard medical service with the principle “Health development” leading to “Health repairing”, based on five principles of exercise, food, emotion, sanitation surroundings and reducing illness. Thailand has received praise from the World Health Organization to host the 6th Global Conference on its health promotion administration policy called “Thailand is Strong”. The name changed to “Thailand, Good Health” and was extended to six principles adding a principle with a focus to encourage the community to take part in taking care of the health of the “Elderly Group”. Supporting activities included promoting health, prevention diseases, nursing and an integrated rehabilitation policies and activities participated in by all groups., such as forming an elderly association (club society) with continuous activities promoting health exercise, knowledge in taking care of oneself ,hobbies, generating income and ,recreation. It is hoped that all of these will help decrease the risk of disease or illness and will improve the quality of life and longevity. (Ministry of Public Health. 2005: 34)

The concept of reinforcing health or promoting healthy lifestyles and practices has dynamic characteristics: It changes according to the increasing availability of new medical technologies and in its diversity in content. It encourages the elderly to increase their own capacity and capability in taking care, taking control, developing their own health. The new policy has an emphasis on social factors and the impact of the environment as factors effecting health. The focus is to empower the elderly to promote health practices consistent with traditional heritage society, politics and economy. The second National Plan on the Elderly (2000-2021) aims to provide support for the growing number of the elderly in society, which is currently being experienced. There is a saying “Elderly are the winning post of the society”

showing strategies for health promotion for elders which should be conducted to promote good health, good quality of life, increased income, education, value and the dignity of the elderly. The Plan encourages the elderly to be able to take care of themselves, gain knowledge, easy access to news and information, protect their social welfare whether it may be by health insurance and developing a network system of people who are trained to take care of the elderly. Administrative changes include the appointment and training of personnel to help stimulate, motivate and promote health policies and practices appropriate to the elderly. (National Committee of Promoting Coordinating Elderly, The Prime Minister's Office. 2545 : 26).

From the ten countries in the ASEAN economic community, Thailand has the largest elderly age group. According to the World Health Organization, (Institute of Population and Social Research, Mahidol University. 2012: 8) any country with a population that consists of people age 60 onwards at the level of 10% or above age 65 onwards at 7% of the whole population, that country has entered an elderly age society and will be a fully elderly society when the ratio of people aged 65 is over 20% or the age of 65 is over 14% of the whole population. Currently the world population is around 7,058 million, with an age over 65 around 565 million or about 8%. In Thailand, people age over 65 is as high as 12.59% which is the highest in the countries in the ASEAN economic community. Singapore holds second place and Vietnam holds third place. This high proportion of elderly in Thailand is due to the Thai medical advancement resulting in lower birth rates and longer life spans. In another 10 years Thailand will become a full elderly society and in the next 10 years after Thailand will be an ultimate elderly society. (Institute of Population and Social Research, Mahidol University. 2012: 8)

At the very present these elderly are facing issues regarding health care in many aspects, including the impact of the increasing proportions of single and divorced elderly people. The elderly have a decreasing tendency in living with their descendant, and have a higher tendency in living alone or with just their spouses. In the economic aspects, the elderly have a tendency to be in the lowest of the other age groups. This has a serious impact on their quality of life. At the end of their lives their medical costs are very high. The elderly that are disabled or experience limitation in normal day activities are particularly vulnerable to domestic, financial, and social pressures. Most of these people are around 80 years old and above and women tend to have more limitations than men. Evidence indicates that the elderly in rural areas exhibit increased depression as they age. They have higher tendency for experiencing chronic diseases. These

chronic diseases can lead to becoming disabled, maimed and crippled, lowering their quality of life. Relationships between grandparents and grandchildren have declined (Foundation of Thai Gerontology Research and Development Institute. 2011). Many other elderly have the burden of taking care of family members with chronic diseases and taking care of the children as the working aged family members go to work outside of the family home. The elderly have lower income levels so they have to go seek out menial labor work. The elderly have many bad health habits effecting behaviors such as consuming sweets, oily and salty food, smoking, alcohol, lack of continuous exercise, not understanding the importance of promoting and reinforcing good health and emphasis on curing more than reinforcing good health when they are ill. All of these factors hinder the elderly and result in the lack of promoting and reinforcing good health in harmony with their ethnic way of life. These many factors cause more health problems than in other age groups. The elderly need more care and assistance in promoting good health that harmonizes with how they live their lives, helps in inhibiting their chronic diseases, helps in slowing the health deterioration and stabilizing or improving the function abilities of the body. Reinforcing health promotion is important and necessary for the elderly to help gain and maintain good health. For the elderly to be able to take care of themselves, health promotion is a procedure to increase the elderly's own ability to care and improve their health in mind, body and in social interactions. Effective health promotion aims for each individual to be able to identify or be aware of their needs and fulfill their needs by themselves. They will be able to change or adapt to the environment.

## **2. Research Methodology**

The methodology used in this study is Qualitative Research. The purpose of the study is to study Health Promotion for the Elderly in Ban Kruat District Buriram Province. The study area is in Ban Lahansai, Tambon Hin Lad, Amphur Ban Kruad, Buriram Province. Period from March to September 2016. The sample group is specifically selected (purposive sampling), which consists of five elderly people aged more than 60 years old and 5 community leaders that reside in Ban Lahansai, Tambon Hin Lad, Amphur Ban Kruad, Buriram Province. The study uses Qualitative Methodology of Ethnographic, In-depth interview, descriptive, note taking from focus group discussion and content analysis.

## **3. The Result of the Study**

The Elderly: Self Health Promotion of the Elderly includes exercise. They prefer to exercise in their houses but the pattern is not clear and not continuous. They rarely exercise and believe that everyday work is a form of exercise. They meditate at home, worship Buddha, give food offerings to Buddhist monks when they have the chance, They get together in groups only on religious holidays, they rarely go outside their homes due to burdens such as taking care of grandchildren, elderlies looking after each other, emphasizing on curing more than reinforcing good health and a habit of consuming easily made food prepared in the community and surrounding areas.

“I think the method to promote my health and not get ill is to go exercise in the mornings. I wake up and walk around the house 2-3 laps and later I go do housework”

(Surang Chaweeram. 2013, December 13)

“I go to work every day, I sometimes sweep the house, water the plants, take care of my grandchildren, later I go collect firewood to burn but I don't have the time to go exercise I already burn enough sweat...”

(Arunee Taprakhon. 2013, November 3)

Most Elderlies seldom attend annual health checks. They give the reasons that public health workers already briefly checked them and their health was fine so there was no need to go get a thorough checkup, and no one in the family is available to take them to health checks, it's not convenient to travel and most Elderlies emphasize on cure seeking rather than promoting their health. When they get ill, they go buy medicine from pharmacies or go to clinics.

“The public health workers came and took my blood sample and measured my blood pressure and told me I was healthy, no high sugar, no high blood pressure. You don't have to go get an annual check. It's a waste of time and money”

(Suwich Chaweeram. 2013, December 13)

“My family members have all gone to work from very early in the morning. I buy my own meals at the market. Sometimes my children buy food for me in the morning and I reheat and eat it in the afternoon”

(Tuan Ruangshuk. 2013, December 6)

The community leaders: The community leaders' opinion is that the Elderly have to acknowledge the state of their body and health and can draw out the ability to promote their own health. They try to get the elderly to come out and participate in community activities such as exercise according to the policy of the Ministry of Public Health. The Elderly are usually not convenient in groups but more relaxed in discontinuous exercises by themselves in their homes.

They view that daily activities count as a form of exercise. Their health care habits focus on curing more than health promotion such as buying medicine at pharmacies or stores in the community. Most Elderlies have wrong consuming habits. They buy easily to find fast prepared food in plastic bags and which is normally heavy salted, sweetened and they like to eat sweets, salty food, smoke cigarettes, drink alcohol, tea and coffee.

In Health promotion areas, the financial funding is insufficient. The caretakers and Elderly have to take care of themselves and promote health as best as they can. The leaders in the community should be ready to cooperate in managing and supporting the activities in health promotion of the Elderly in the community to succeed. It will greatly benefit the state of health of the Elderly in the community.

“To promote health in the elderly, the Elderly should take interest in their own health. They have to exercise, eat fresh, clean and healthy food. Stay in a good environment and have to become a part of community activities.”

(Phrapanya. 2013, December 16)

“Doctor (public health worker), I see that no one can force the elderly. The older they are the harder it is to tell them. The elderly have to think about their health for themselves, doctor (public health worker). It is necessary to make them love themselves and want to take care of their health by themselves without the help from doctors and medicine.”

(Phrapanya. 2013, December 19)

“We are ready to assist the Elderly in health promotion such as stimulating the elderly of the family that takes care of the elderly.”

(Poj Jetatikarn. 2556, November 3)

“We want the Elderly to group together and do whatever people their age would like to do. We, the leaders in the community, will support their activities.”

(Poj Jetatikarn. 2556, November 3)

“Whenever the elderly get sick they buy medicine or go see doctors by themselves. Currently the medical treatment is free, making people to neglect taking care of themselves.”

(Wichai Chamjai. 2013 November 3)

“I have publicly encouraged the Elderly to come exercise in the evening. The result, only 3-4 elderlies came. Some only want to exercise at home. Some say no need to exercise; working every day produces so much sweat already.”

(Wichit Taton. 2013 November 23)

#### **4. Summary**

The rapid changes in society and tradition cause have the elderly way of life to change. From the traditional rural society comes the new age society. The Elderly have to adapt. Some of the families leave the elderly home alone. Some stay with grandchildren and help raise them.



Some stay and guard the house while others go work outside and help around the house. The elderly have financial issues, caused by a lack of income. They have to help themselves. They have less resting time. Health condition deteriorates according to the aging and problems with chronic diseases, mind problems, stress, lonesomeness, desolation. They could not go see other people of the same age. They live apart. There are fewer Health promotion group activities. Their behavior does not benefit their health such as eating habits, exercise, gathering to do activities together. The elderly emphasize on curing more than health promotion. The Elderly do not take care of their health as much as is needed. It creates negative effects over the body, mind, mood and society. The majority suffers chronic diseases and has more than one illness. We should support and encourage the elderly to properly promote health in harmony to the needs of the elderly according to their tribal ethnic group. Changes to the traditions, way of life in the local region makes us understand the elderly ways of life and created choices to correct health problems. We can properly and correctly explain the method of adapting to promote health of the Elderly. To ensure the Elderly can gain happiness in body and mind to be elderly people with quality happily living in the community in their final days.

## **5. Suggestions**

1. Health promotion in the elderly should be directed toward activities that are applied in their daily life and promoted by family and community.
2. Suggest studies for health promotion in other groups such as working group and youths who face risk from effects from health.
3. The Elderly take only small part in Health Promotion. The health promotion team should focus importance on aggressive health promotion intervene in community activities such as religious ceremonies and traditional ceremonies which the elderly like.

They are prone to physical illness and mental illness. The context of health promotion that is suitable for the elderly should be based on health promoting activities that intervene around their daily life. Activities that can be fun to do, adding awareness, self-activities that the family and community can support such as plant watering, having hobbies, taking part in traditional activities in the community and taking care of grandchildren, these activities are good exercise in themselves. Motivate the elderly to come out of their houses and participate in religious festivals, religious ceremonies and community traditions. Organize educational events

in health promotion, emphasis on food consumption, proactive annual health checks and encouraging the families and community to take part in supporting the elderly to become self-aware and encourage them to properly strengthen their health.

Suggestions: Health promotion activities of the Elderly should be integrated into their daily lives, including activities, festivals and religious ceremonies within the community. The families and community should show support and develop new ways to promote health care in other groups such as for working age groups and for youths, who are vulnerable to affected health.

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